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APPLICANTS

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** CONTINUING DATA ***** *NO* *****

** FOREIGN APPLICATIONS ***** *NO* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 10	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 5
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Verified and Acknowledged

Examiner's Signature *[Signature]* Initials

ADDRESS

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TITLE

Multi-purpose patient chair

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